

252E.1 Definitions.

As used in [this chapter](#), unless the context otherwise requires:

1. “Accessible” means any of the following, unless otherwise provided in the support order:

a. The health benefit plan does not have service area limitations or provides an option not subject to service area limitations.

b. The health benefit plan has service area limitations and the dependent lives within thirty miles or thirty minutes of a network primary care provider.

2. “Basic coverage” means health care coverage that at a minimum provides coverage for emergency care, inpatient and outpatient hospital care, physician services whether provided within or outside a hospital setting, and laboratory and x-ray services.

3. “Cash medical support” means a monetary amount that a parent is ordered to pay to the obligee in lieu of that parent providing health care coverage, which amount is five percent of the gross income of the parent ordered to pay the monetary amount or, if the child support guidelines established pursuant to [section 598.21B](#) specifically provide an alternative income-based numeric standard for determining the amount, the amount determined by the standard specified by the child support guidelines. “Cash medical support” is an obligation separate from any monetary amount a parent is ordered to pay for uncovered medical expenses pursuant to the guidelines established pursuant to [section 598.21B](#).

4. “Child” means a person for whom child or medical support may be ordered pursuant to [chapter 234](#), [239B](#), [252A](#), [252C](#), [252F](#), [252H](#), [252K](#), [598](#), [600B](#), or any other chapter of the Code or pursuant to a comparable statute of another state or foreign country.

5. “Department” means the department of human services, which includes but is not limited to the child support recovery unit, or any comparable support enforcement agency of another state.

6. “Dependent” means a child, or an obligee for whom a court may order health care coverage pursuant to [section 252E.3](#).

7. “Enroll” means to be eligible for and covered by a health benefit plan.

8. “Health benefit plan” means any policy or contract of insurance, indemnity, subscription, or membership issued by an insurer, health service corporation, health maintenance organization, or any similar corporation or organization, any public coverage, or any self-insured employee benefit plan, for the purpose of covering medical expenses. These expenses may include but are not limited to hospital, surgical, major medical insurance, dental, optical, prescription drugs, office visits, or any combination of these or any other comparable health care expenses.

9. “Health care coverage” or “coverage” means providing and paying for the medical needs of a dependent through a health benefit plan.

10. “Insurer” means any entity, including a health service corporation, health maintenance organization, or any similar corporation or organization, or an employer offering self-insurance, that provides a health benefit plan, but does not include an entity that provides public coverage.

11. “Medical support” means either the provision of health care coverage or the payment of cash medical support. “Medical support” is not alimony.

12. “National medical support notice” means a notice as prescribed under 42 U.S.C. §666(a)(19) or a substantially similar notice, that is issued and forwarded by the department in accordance with [section 252E.4](#) to enforce the health care coverage provisions of a support order. The national medical support notice is not applicable to a provider of public coverage.

13. “Obligee” means a parent or another natural person legally entitled to receive a support payment on behalf of a child.

14. “Obligor” means a parent or another natural person legally responsible for the support of a dependent.

15. “Order” means a support order entered pursuant to [chapter 234](#), [252A](#), [252C](#), [252F](#), [252H](#), [252K](#), [598](#), [600B](#), or any other support chapter, or pursuant to a comparable statute of another state or foreign country, or an ex parte order entered pursuant to [section 252E.4](#). “Order” also includes a notice of such an order issued by the department.

16. “*Plan administrator*” means the employer or sponsor that offers the health benefit plan or the person to whom the duty of plan administrator is delegated by the employer or sponsor offering the health benefit plan, by written agreement of the parties. “*Plan administrator*” does not include a provider of public coverage.

17. “*Primary care provider*” means a physician who provides primary care who is a family or general practitioner, a pediatrician, an internist, an obstetrician, or a gynecologist; an advanced registered nurse practitioner; or a physician assistant.

18. “*Public coverage*” means health care benefits provided by any form of federal or state medical assistance, including but not limited to benefits provided under [chapter 249A](#) or [514I](#), or under comparable laws of another state, foreign country, or Indian nation or tribe.

19. “*Unit*” or “*child support recovery unit*” means unit as defined in [section 252B.1](#).

[90 Acts, ch 1224, §25; 92 Acts, ch 1195, §505; 93 Acts, ch 78, §20; 93 Acts, ch 79, §46; 97 Acts, ch 41, §32; 2000 Acts, ch 1096, §1; 2002 Acts, ch 1018, §3; 2007 Acts, ch 218, §163, 187; 2008 Acts, ch 1019, §18, 20; 2015 Acts, ch 110, §100; 2018 Acts, ch 1111, §2, 10; 2019 Acts, ch 24, §29](#)

Referred to in [§252C.1](#), [252E.6A](#), [514C.9](#), [600B.25](#), [714I.4](#)